(b)

FORM FTO-1380 (REV. 3-78)

FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED DEP. MD. DEP. DEP. MD. MD. DED 1. /51 /52 / 53 , 54 / 55 1 57 / 58 60 / 10 <u>/</u> 61 / 62 2-/ 63 / 64 / 65 / 66 / 67 / 68 / 69 1 20 - / /70 1 73 1 74 1 40 |50 TOTAL UND.
TOTAL DEP.
TOTAL CLAIMS TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS \_1 ļ \_1 \_1 \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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